



St Margaret's
Hospice Care

**Do Not Attempt Cardiopulmonary
Resuscitation (CPR) Decisions**
Information for patients and carers



This leaflet explains what cardiopulmonary resuscitation (CPR) is and how decisions are made about it. This leaflet may be useful to your relatives, friends and carers. It may not answer all your questions about CPR, but it should help you to think about the issue. If you have any questions, please talk to one of the health professionals caring for you.

A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision is only about CPR, all other treatments continue as needed.

What is CPR?

A cardiopulmonary arrest means a person's heart and breathing has stopped. When this happens, it is sometimes possible to restart their heart and breathing with cardiopulmonary resuscitation (CPR). CPR might include:

- repeatedly pushing down very firmly on the chest
- using electric shocks to try to restart the heart
- inflating the lungs through a mask over the nose and mouth, or by a tube inserted into the windpipe
- 'mouth-to-mouth' breathing (used in situations outside a hospice or hospital)

CPR sometimes causes side effects e.g. fractured ribs or punctured lungs.

Is CPR tried on everybody whose heart and breathing stops

Yes, in an emergency, if it is felt there is a chance it will work e.g. if a person has a heart attack and the heart and breathing stop suddenly. The priority is to try to save the person's life. However, a person's heart and breathing also stop working as part of the natural process of dying. If people are already seriously ill and near the end of their life, there may be no benefit in trying to revive them when their heart and breathing stop.

This is particularly true when people have other things wrong with them that mean they don't have much longer to live. Restarting their heart and breathing may not work, or may do more harm than good by prolonging the life of someone who is soon to die.

Do people get back to normal after CPR?

Unfortunately, most attempts at CPR do not restart the heart despite the best efforts. A few people will make a full recovery; some recover but have health problems. Some people never get back to the level of physical or mental health they previously enjoyed. Sadly some have brain damage or go into a coma. People who are revived are still very unwell and need more treatment, usually in a coronary care or intensive care unit. People with many medical problems are much less likely to make a full recovery.

Am I likely to have a cardiopulmonary arrest?

Health professionals caring for you are the best people to discuss the likelihood of you having a cardiopulmonary arrest. It is normal for health professionals and patients to plan what will happen in case of a cardiopulmonary arrest. The health care team caring for you may talk to you about your illness, what you can expect to happen and what can be done to help you.

What is the chance of CPR reviving me if I have a cardiopulmonary arrest?

The chance of CPR reviving you will depend on why your heart and breathing stopped and any medical problems you have.

In hospital, CPR is successful in restarting the heart and breathing in 4 out of 10 patients. On average, less than 2 out of 10 patients survive long enough to leave hospital.

The figures are much lower than this for people with serious underlying conditions or for those who have CPR out of hospital.

Does it matter how old I am or that I have a disability?

No. Important factors are your current state of health, your wishes, and the likelihood of the team being able to achieve successful CPR.

Will I be asked if I want CPR?

If appropriate, you and your doctor will decide whether CPR should be attempted if your heart and breathing stop. The team looking after you will consider the medical issues, including whether CPR is likely to be able to restart your heart and breathing, and for how long. It is considered beneficial to attempt resuscitation if it might prolong your life in a meaningful way.

Your wishes are important in deciding whether CPR may benefit you, and the team looking after you will want to know what you think. Your close friends and family can be involved in these discussions if you wish. Legally, your family and friends cannot decide on your behalf, so you should inform them of your wishes.

What if I am not capable of making a decision?

If you are too unwell to make the decision, it will be made following steps laid out in the Mental Capacity Act (2005).

If you have a valid and applicable Advance Decision to Refuse Treatment, this will be followed.

If you have appointed a person with Personal Welfare Attorney (PWA) then they may be able to make decisions on your behalf.

Your family may be asked what your wishes might be.

If there is no-one to consult with, than an Independent Mental Capacity Advocate will be appointed on your behalf.

How is the decision recorded?

A 'Do Not Attempt Cardiopulmonary Resuscitation' form will be completed by your doctor which will be kept in your notes and with your health records at home. Ensure your family and friends know where it is kept.

What if I don't want to decide?

You do not have to talk about CPR if you do not want to, or you can put the discussion off if you feel you are being asked to decide too quickly. Those who know you best might be able to help you make a decision you are comfortable with.

Otherwise your doctor will decide whether or not CPR should be attempted.

What if a decision hasn't been made and I have a cardiopulmonary arrest?

Your doctor will make a decision about what is right for you. By law, your family are not allowed to decide for you but it can be helpful for the healthcare team to talk to them about your wishes. If there are people you do (or do not) want to be consulted, let your team know.

I do not want resuscitation. How can I make sure a resuscitation attempt is not made?

If you do not want CPR, you can refuse it and the healthcare team must follow your wishes. The team looking after you will listen to your wishes. You should make an 'Advanced Decision to Refuse Treatment' (ADRT). This must be in writing (it can be written by someone else), be signed and witnessed and state clearly that the decision applies even if 'life is at risk.' Ensure your team know about your ADRT and that a copy is in your medical records. Let people close to you know so they can tell your healthcare team what you want if they are asked.

For more information on Advance Decisions visit:

www.adrtnhs.co.uk / www.publicguardian.gov.uk

What if I want CPR to be attempted, but my doctor says it won't work?

Nobody can insist on having treatment that will not work however no doctor would refuse your wish for CPR if there was any real possibility of it being successful. If the team looking after you think that CPR would not be successful, they should explain this to you as part of a discussion to explain your current situation and plan your future care. If there is doubt whether CPR might work, the healthcare team will arrange a second medical opinion if you wish. If CPR might restart your heart and breathing, but is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking is very important. The healthcare team will listen to your opinions and to the people close to you if you want them involved in the discussion.

What if I change my mind?

You can change your mind at any time. It is important to inform the healthcare team caring for you.

Who else can I talk to about this?

If you feel you have not had the chance to have a full discussion or you are not satisfied with the discussions you have had, please inform the healthcare professional in charge of your care.

Notes

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